


|   |  |  |
|---|--|--|
| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10540820 | <b>Applicant(s)/Patent Under Reexamination</b><br>ANDERSSON ET AL. |
|   | <b>Examiner</b><br>Zachary M Pape          | <b>Art Unit</b><br>2835  |

| ORIGINAL                  |  |          |  |     |     | INTERNATIONAL CLASSIFICATION |   |   |   |                 |             |  |  |  |   |   |   |   |                  |  |
|---------------------------|--|----------|--|-----|-----|------------------------------|---|---|---|-----------------|-------------|--|--|--|---|---|---|---|------------------|--|
| CLASS                     |  | SUBCLASS |  |     |     | CLAIMED                      |   |   |   |                 | NON-CLAIMED |  |  |  |   |   |   |   |                  |  |
| 363                       |  | 141      |  |     |     | H                            | 0 | 5 | K | 7 / 20 (2006.0) |             |  |  |  | H | 0 | 1 | L | 23 / 12 (2006.0) |  |
| <b>CROSS REFERENCE(S)</b> |  |          |  |     |     |                              |   |   |   |                 |             |  |  |  |   |   |   |   |                  |  |
| <b>CLASS</b>              | <b>SUBCLASS (ONE SUBCLASS PER BLOCK)</b> |          |  |     |     |                              |   |   |   |                 |             |  |  |  |   |   |   |   |                  |  |
| 363                       | 131                                      |          |  |     |     |                              |   |   |   |                 |             |  |  |  |   |   |   |   |                  |  |
| 361                       | 704                                      | 707      |  | 709 | 710 |                              |   |   |   |                 |             |  |  |  |   |   |   |   |                  |  |
| 361                       | 716                                      | 718      |  |     |     |                              |   |   |   |                 |             |  |  |  |   |   |   |   |                  |  |
|                           |  |          |  |     |     |                              |   |   |   |                 |             |  |  |  |   |   |   |   |                  |  |
|                           |  |          |  |     |     |                              |   |   |   |                 |             |  |  |  |   |   |   |   |                  |  |
|                           |  |          |  |     |     |                              |   |   |   |                 |             |  |  |  |   |   |   |   |                  |  |
|                           |  |          |  |     |     |                              |   |   |   |                 |             |  |  |  |   |   |   |   |                  |  |
|                           |  |          |  |     |     |                              |   |   |   |                 |             |  |  |  |   |   |   |   |                  |  |
|                           |  |          |  |     |     |                              |   |   |   |                 |             |  |  |  |   |   |   |   |                  |  |
|                           |  |          |  |     |     |                              |   |   |   |                 |             |  |  |  |   |   |   |   |                  |  |
|                           |  |          |  |     |     |                              |   |   |   |                 |             |  |  |  |   |   |   |   |                  |  |
|                           |  |          |  |     |     |                              |   |   |   |                 |             |  |  |  |   |   |   |   |                  |  |
|                           |  |          |  |     |     |                              |   |   |   |                 |             |  |  |  |   |   |   |   |                  |  |
|                           |  |          |  |     |     |                              |   |   |   |                 |             |  |  |  |   |   |   |   |                  |  |
|                           |  |          |  |     |     |                              |   |   |   |                 |             |  |  |  |   |   |   |   |                  |  |
|                           |  |          |  |     |     |                              |   |   |   |                 |             |  |  |  |   |   |   |   |                  |  |
|                           |  |          |  |     |     |                              |   |   |   |                 |             |  |  |  |   |   |   |   |                  |  |
|                           |  |          |  |     |     |                              |   |   |   |                 |             |  |  |  |   |   |   |   |                  |  |

| <input type="checkbox"/> <b>Claims renumbered in the same order as presented by applicant</b> <input type="checkbox"/> <b>CPA</b> <input type="checkbox"/> <b>T.D.</b> <input type="checkbox"/> <b>R.1.47</b> |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
|   | 1        | 5     | 17       | 21    | 33       |       |          |       |          |       |          |       |          |       |          |
|   | 2        | 6     | 18       | 22    | 34       |       |          |       |          |       |          |       |          |       |          |
|   | 3        | 7     | 19       | 23    | 35       |       |          |       |          |       |          |       |          |       |          |
|   | 4        | 8     | 20       | 24    | 36       |       |          |       |          |       |          |       |          |       |          |
|   | 5        | 9     | 21       | 25    | 37       |       |          |       |          |       |          |       |          |       |          |
|   | 6        | 10    | 22       | 26    | 38       |       |          |       |          |       |          |       |          |       |          |
|   | 7        | 11    | 23       | 27    | 39       |       |          |       |          |       |          |       |          |       |          |
|   | 8        | 12    | 24       | 28    | 40       |       |          |       |          |       |          |       |          |       |          |
|   | 9        | 13    | 25       | 29    | 41       |       |          |       |          |       |          |       |          |       |          |
|   | 10       | 14    | 26       | 30    | 42       |       |          |       |          |       |          |       |          |       |          |
|   | 11       | 15    | 27       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 12       | 16    | 28       |       |          |       |          |       |          |       |          |       |          |       |          |
| 1   | 13       | 17    | 29       |       |          |       |          |       |          |       |          |       |          |       |          |
| 2   | 14       | 18    | 30       |       |          |       |          |       |          |       |          |       |          |       |          |
| 3   | 15       | 19    | 31       |       |          |       |          |       |          |       |          |       |          |       |          |
| 4   | 16       | 20    | 32       |       |          |       |          |       |          |       |          |       |          |       |          |

|   |                         |   |
|---|-------------------------|---|
| /Z. M. P./<br>Examiner, Art Unit 2835<br><br>(Assistant Examiner) | 9/11/2008<br><br>(Date) | <b>Total Claims Allowed:</b><br>30  |
| (Primary Examiner)  | (Date)                  | O.G. Print Claim(s)      O.G. Print Figure<br>13                                  2,6 |